FEB. 15. 2006 9:-00AM

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Sender's e-mail address:

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Our File#

141483.00000

Appl.#

10/631,099

Total Pages (Including This Page): 2 pages
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COMMENTS:

Attached herewith are the following documents:

1) FORM PTO/SB/83 Request for Withdrawal As Attorney or Agent... (1 page)

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PTO/SE/83 (09-03)

Approved for use through 11/30/2005, OMB 0551-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/631,099
Filing Date	July 31, 2003
First Named Inventor	Massimo Ponzio
Art Unit	3654
Examiner Name	TBA
Attorney Docket Number	141463,00000-P1221US00

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record. the attomeys/agents (with registration numbers) listed on the attached paper(s), or the attomeys/agents associated with Customer Number 25207 NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The applicant has chosen to have the matter transferred to new counsel. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: Customer Number:
all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 25207 NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The applicant has chosen to have the matter transferred to new counsel. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: Customer Number:
the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 25207 NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The applicant has chosen to have the matter transferred to new counsel. CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: Customer Number:
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CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: Customer Number: OR
1. ☐ The correspondence address is NOT affected by this withdrawal. 2. ✓ Change the correspondence address and direct all future correspondence to: ☐ Customer Number: OR
2. Change the correspondence address and direct all future correspondence to: Customer Number: OR
2. Change the correspondence address and direct all future correspondence to: Customer Number: OR
Customer Number:
OR Simon
Individual Name C. Paul Maliszewski. P.E.
Address Simpson & Simpson, PLLC
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City Williamsville State NY Zip 14221-5408
Country United States
Telephone 716-626-1564 Fax 716-626-0366
Name Jason A. Bernstein
Signature 1002 Benon Registration No. 31,238
Date 2-15-05 Telephone No. 404-572-6900
NOTE: Withdrawal is effective when approved rather than when received. Unloss there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdrawals normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retein a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 mirrules to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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